



POTENTIAL HAZARDOUS WASTE SITE  
TENTATIVE DISPOSITION

REGION SITE NUMBER  
IV 6AD000814368

45740

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Georgia Pacific Corp. Panelboard Div  
B. STREET Hwy 83 S  
C. CITY Monticello  
D. STATE Georgia  
E. ZIP CODE 31064

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD	X				
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)					
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
ENFORCEMENT ACTION NEEDED (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR DISPOSITION

No hazardous wastes generated or disposed of on site

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION  
(mo., day, & yr.)

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE  
ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED  
(mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME Camilla Bond Warren  
2. TELEPHONE NUMBER FTS 257-2234  
3. DATE (mo., day, & yr.) 4/22/85

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo., day, & yr.)	3. TO BE PERFORMED BY (EPA, Con- tractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

PRELIMINARY ASSESSMENT COVER SHEET  
GEORGIA PACIFIC CORPORATION PANELBOARD DIVISION  
MONTICELLO, GEORGIA - JASPER COUNTY  
GAD000814368

A. HISTORY OF SITE

Georgia Pacific Corporation Panelboard Division is located in Monticello, Georgia in Jasper County. This facility has always been owned and operated by The Georgia Pacific Corporation headquartered in Atlanta, Georgia. Since 1972 this facility has been primarily engaged in manufacturing wood panel products from small wood particles. The process consists of preparing small particles of wood for drying, mixing with a synthetic resin binder, and compression into panels. This plant also engages in prefinishing of panels that are produced in the adjoining particleboard operation. Since 1972 all waste generated from this facility has been transported off-site to local sanitary landfills.

B. NATURE OF HAZARDOUS MATERIALS

The wastes generated by this facility are non-hazardous and consist primarily of spent wood chips, sawdust, and panelboard residues. The wood wastes, approximately 1,175 tons per year are hauled to the Roy R. Kelly, Jr. Landfill located 4 miles from the Georgia Pacific Complex. No known hazardous waste has ever been generated or disposed of at this Georgia Pacific Complex.

C. DESCRIPTIONS OF HAZARDOUS CONDITIONS, INCIDENTS, PERMIT VIOLATIONS

Not Applicable

D. ROUTINES FOR CONTAMINATION

None

E. POSSIBLE AFFECTED POPULATION AND RESOURCES

None

F. RECOMMENDATIONS AND JUSTIFICATION

A priority for a Site Inspection of "none" is recommended for this facility based on the following conclusions:

Waste types generated and disposed of off-site since operations began consist of broken panelboard crates, pallets and cardboard tubes from panelboard fabrication. Georgia EPD inspections of the facility have determined the waste types to be non-hazardous and acceptable for land disposal. Georgia Pacific's Part A application for a Hazardous Waste Handling Permit has been formally withdrawn. A small quantity generator status has been assigned to this facility in the event that hazardous waste is generated in the future.

G. REFERENCES

EPA Part A Permit Application Form 3510-3.  
Georgia EPD Industrial and Hazardous Waste Management Program Files  
Georgia Pacific Corporation Panelboard Division - Monticello, GA.  
Georgia EPD Facility Information Report - 1/29/79.  
    Action Report - 10/31/79.  
Georgia EPD Letter from John D. Taylor - March 3, 1983 to Gerald W. Tice  
    of Georgia Pacific Corporation - "Part A Permit Withdrawal Request".  
Georgia EPD "Waste Management Data Sheet".

JMW/mcw026



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
GA D000814368

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) GA Pacific Corp. Panelboard Div.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Hwy. 83 S., P. O. Box 270			
03 CITY Monticello	04 STATE GA	05 ZIP CODE 31064	06 COUNTY Jasper	07 COUNTY CODE 159	08 CONG DIST 8
09 COORDINATES LATITUDE 33° 16' 33.0" N		LONGITUDE 083° 42' 19.0" W			
10 DIRECTIONS TO SITE (Starting from nearest public road) From intersection of GA Hwy. 16 & 83 in downtown Monticello, GA, go south on Hwy 83 for approximately 2.2 miles past water tower on right and through the town of Minneta and turn left (SE) onto County Road 127. Continue for 3/4 mile. Facility is on right (SW).					

III. RESPONSIBLE PARTIES

01 OWNER (If known) Georgia Pacific Corporation		02 STREET (Business, mailing, residential) 133 Peachtree Street NE			
03 CITY Atlanta	04 STATE GA	05 ZIP CODE 30303	06 TELEPHONE NUMBER (404) 521-4000		
07 OPERATOR (If known and different from owner) Same as above		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ( )		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 11/19/80 MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

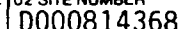
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 9/21/79 MONTH DAY YEAR <input type="checkbox"/> NO Robert Rose, GA EPD		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1972   presently BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED This facility generates resin treated sawdust, broken panelboard, crates, pallets and cardboard tubes from panelboard fabrication. No hazardous waste has ever been generated at this facility.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION All industrial solid wastes have been disposed of off-site, therefore they pose no potential hazard to the immediate population or environment.					

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
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VI. INFORMATION AVAILABLE FROM

01 CONTACT Mr. Tom Stephens		02 OF (Agency Organization) Georgia Pacific Corp.-Eng. Support Grp.		03 TELEPHONE NUMBER (404) 521-5080	
04 PERSON RESPONSIBLE FOR ASSESSMENT Jeff Williams		05 AGENCY DNR	06 ORGANIZATION EPD-RAU	07 TELEPHONE NUMBER (404) 656-7404	08 DATE 04/02/85 MONTH DAY YEAR



☐ I. HIGHLY VOLATILE  
☐ J. EXPLOSIVE  
☐ K. REACTIVE  
☐ L. INCOMPATIBLE  
☒ M. NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
GA D000814368

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_ (Acres) 04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
GA 0000814368

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills, runoff, standing liquids, leaking drums)

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: None

IV. COMMENTS

No hazardous conditions or incidents have occurred at this facility.

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

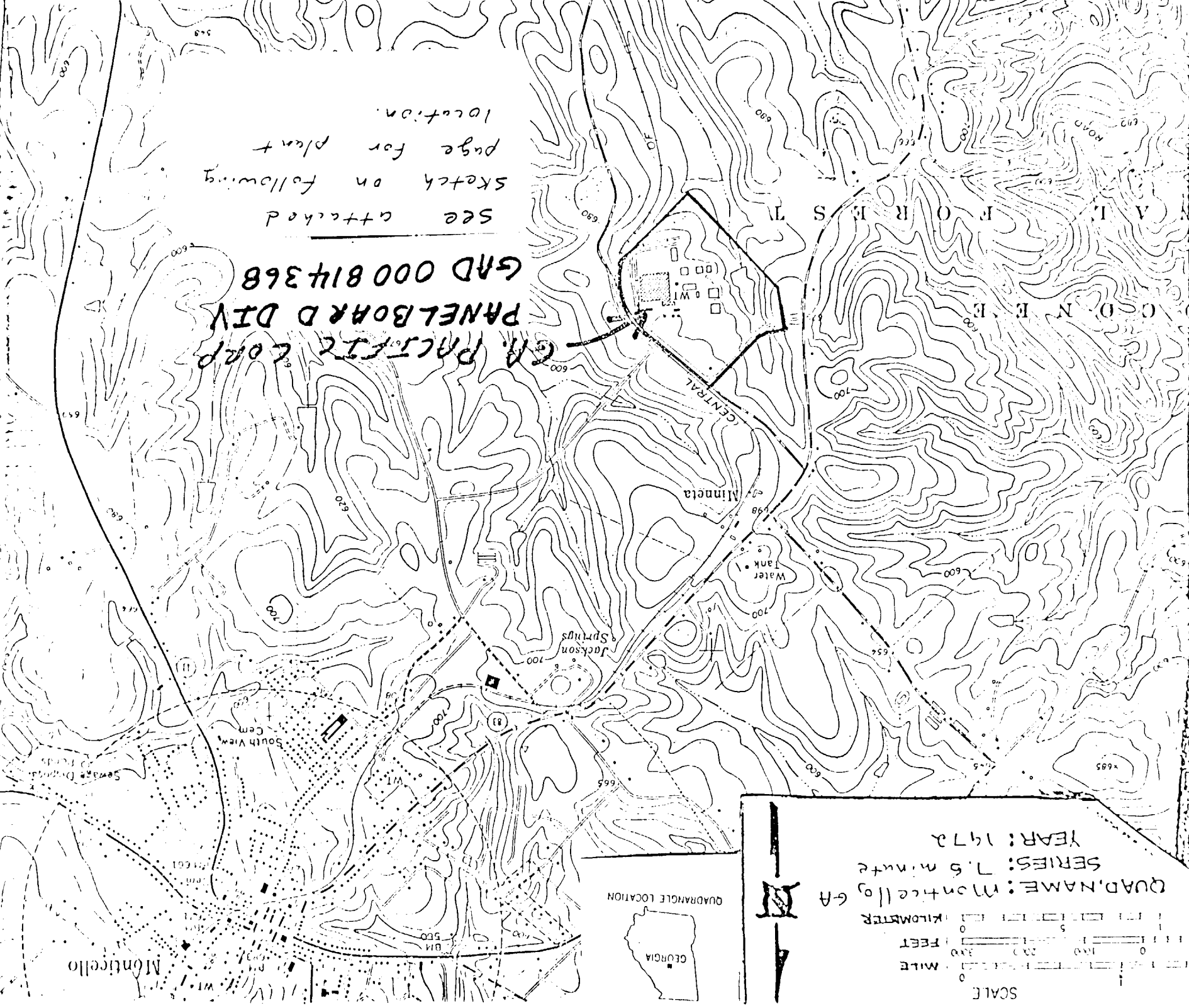
GA EPD State Files - Georgia Pacific Corporation Panelboard Division.

**POOR LEGIBILITY**

**PORTIONS OF THIS DOCUMENT  
MAY BE UNREADABLE, DUE TO  
THE QUALITY OF THE  
ORIGINAL**

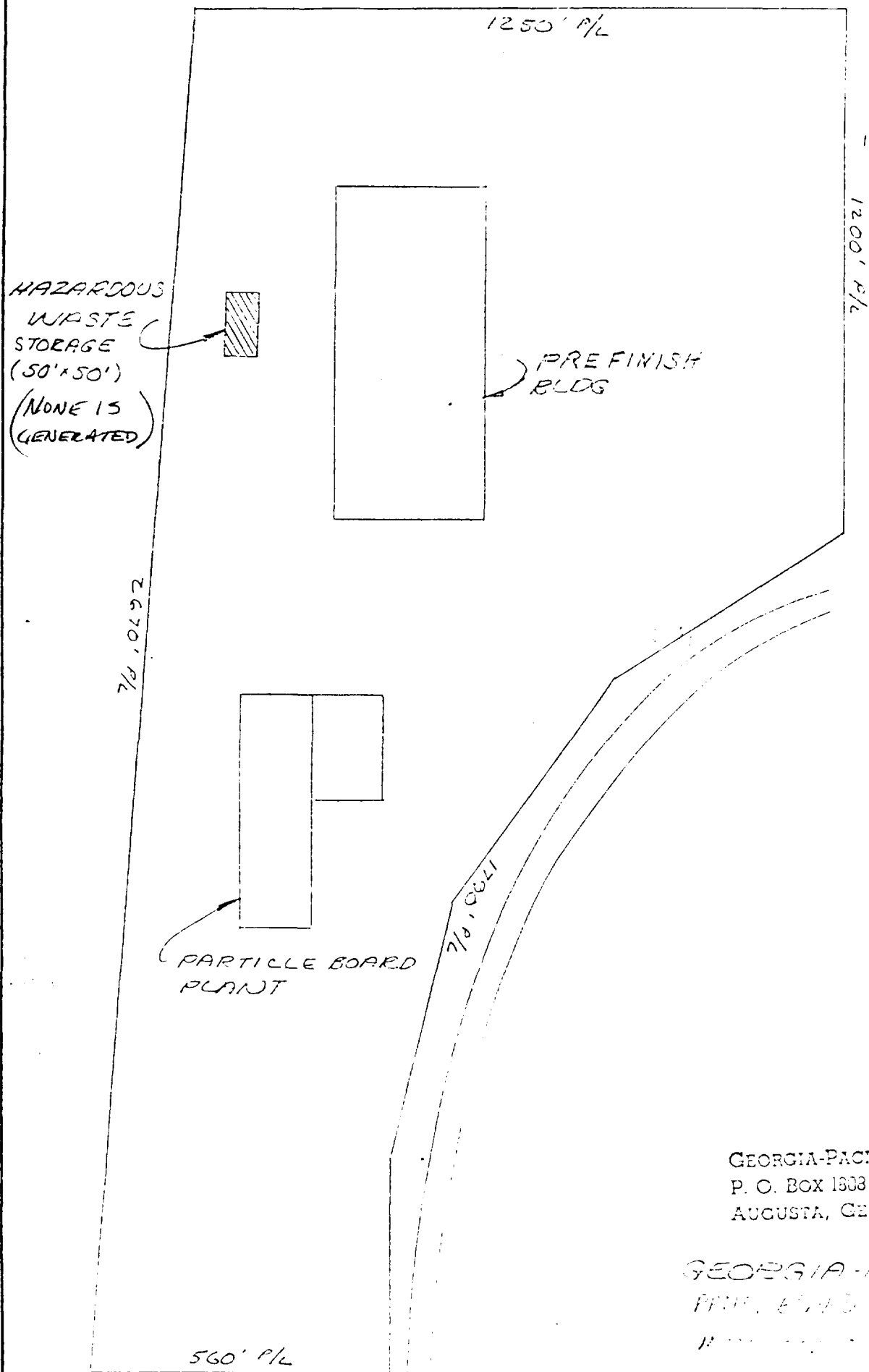


SCALE  
 0 1 2 3 4 5 6 7 8 9 10  
 MILE  
 0 1 2 3 4 5 6 7 8 9 10  
 FEET  
 0 1 2 3 4 5 6 7 8 9 10  
 KILOMETER  
 QUAD. NAME: Monticello, GA  
 SERIES: 7.5 minute  
 YEAR: 1972



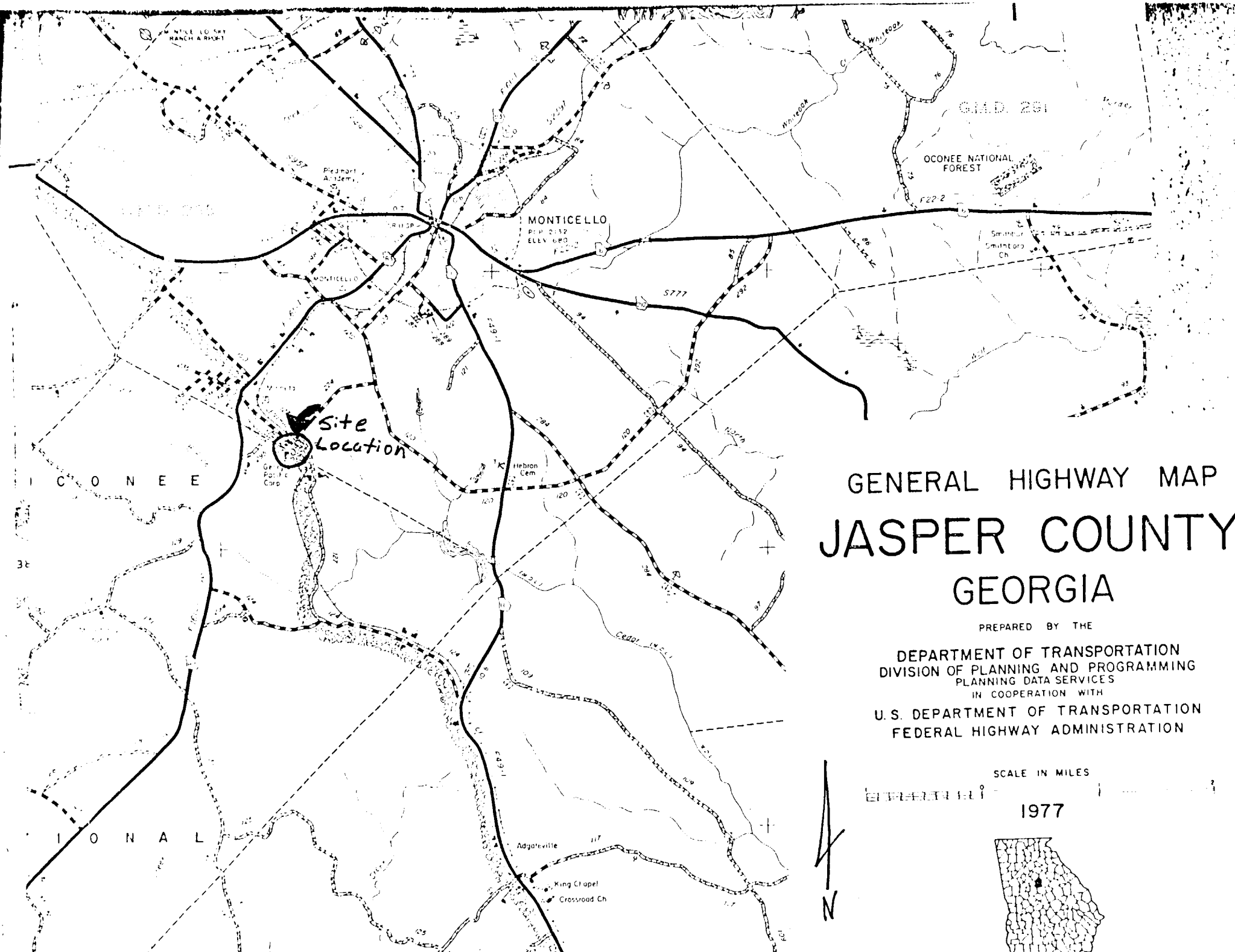
See attached  
 sketch on following  
 page for plant  
 location.  
 GAD 000 814 368  
 PANEL BOARD DIV  
 CH. Pacific Corp

## V. FACILITY DRAWING (see page 4)



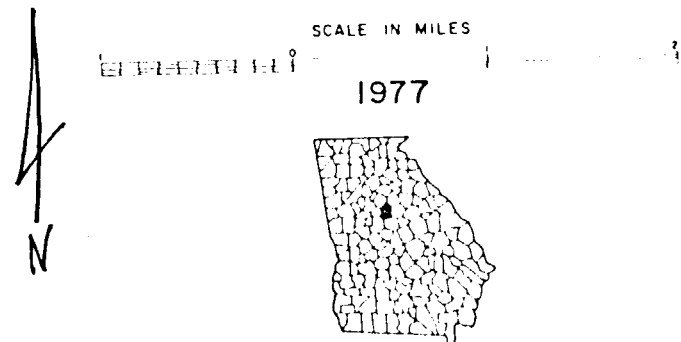
GEORGIA-PACIFIC CORPORATION  
P. O. BOX 1838  
AUGUSTA, GEORGIA 30903

GEORGIA-PACIFIC CORP.  
PREF. BLDG.  
PREF. BLDG.



# GENERAL HIGHWAY MAP JASPER COUNTY GEORGIA

PREPARED BY THE  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF PLANNING AND PROGRAMMING  
PLANNING DATA SERVICES  
IN COOPERATION WITH  
U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL HIGHWAY ADMINISTRATION



Part A, Permit Process --- Internal Checklist

ID Number GAD 000 814 368 Inst Name GA-PACIFIC PANEL BOARD

PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Permig Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>PK</u>	_____	
3	Form 1 received?	<u>PK</u>	_____	
1	Form 3 received?	<u>PK</u>	_____	
1 & 3	Postmarked on or before November 19, 1980?	<u>PK</u>	_____	
3	Date of operation entered?	<u>PK</u>	_____	
3	Date of operation on or before November 19, 1980?	<u>PK</u>	_____	
Notif. record	Notifier?	<u>PK</u>	_____	
"	Notified on or before August 18, 1980?	<u>PK</u>	_____	
1	Form 1, XIII B signed?	<u>PK</u>	_____	
3	Form 3, IX B Signed?	<u>PK</u>	_____	

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: 12/19/80)

PHASE TWO

1	Unsure if regulated or non-regulated?	_____	_____
3	New facility?	_____	_____
1 & 3	Core items missing? If Yes, indicate which items: Facility name____; location____; mail address____; operator info____; certification____; process info____; waste info____; owner____; sigs____.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps____; photos____; drawings____; lat/long____. Other observations and comments:
-------	--

Received Date Stamp	
NOV 19 1980	GAD 000 814 368

Log out/Log in  
on reverse side

# VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND										
7	2	4	9	2	(specify)						7	(specify)								
Particleboard Manufacture																				
C. THIRD										D. FOURTH										
7	(specify)									7	(specify)									

## VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
8 GEORGIA - PACIFIC CORPORATION - AUGUSTA, GA																														<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify) Private										404 724 7151 18 19 20 21 22 23									
E. STREET OR P.O. BOX																																							
P O BOX 1808																																							
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
B AUGUSTA																				GA					30903					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52									

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															249207959050 (specify) State Permit to Operate for Plant Air Emission Sources														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															(specify)														

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

"This establishment is primarily engaged in manufacturing wood panel products from small wood particles. This includes preparation of small particles of wood, drying, mixing with a synthetic resin binder, and compressing.

"This plant also engages in prefinishing of panels that are produced in the particleboard operation."

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
H. S. Mersereau - Senior Vice President										H. S. Mersereau										NOV 12 1980									

## COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORM <b>1</b> GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;">           F G A D 0 0 0 8 1 4 3 6 8         </div>
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**LABEL ITEMS**

**I. EPA I.D. NUMBER**

**III. FACILITY NAME**

**V. FACILITY MAILING ADDRESS**

**VI. FACILITY LOCATION**

005024

RECEIVED

PLEASE PLACE LABEL IN THIS SPACE

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
<b>A.</b> Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X	<b>B.</b> Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
<b>C.</b> Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X	<b>D.</b> Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
<b>E.</b> Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	<b>F.</b> Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
<b>G.</b> Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X	<b>H.</b> Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
<b>I.</b> Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X	<b>J.</b> Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1	SKIP	GEORGIA - PACIFIC CORPORATION PANELBOARD
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**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
2	TICE	GERALD - ENVIRONMENTAL ENG	404	724	7151		

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX				B. CITY OR TOWN		C. STATE		D. ZIP CODE	
3	P. O. BOX	1808	AUGUSTA	GA	30903				

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				B. COUNTY NAME		C. CITY OR TOWN		D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
5	HIGHWAY	83 SOUTH	JASPER	GA	31064								
6	MONTICELLO		JASPER	GA	31064								

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

##### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous waste:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

FOR OFFICIAL USE ONLY

APPLICATION APPROVED

DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	CODE	UNIT OF MEASURE	UNIT OF MEASURE	CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

12 13 14 15

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)			1. AMOUNT	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 2	1,000	G	7			
2	S 0 1	22,000	G	8			
3				9			
4				10			



E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE J.

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

## VII. FACILITY GEOGRAPHIC LOCATION

## VIII. FACILITY OWNER

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- ☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

## X. OPERATOR CERTIFICATION

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
H. S. Mersereau	<i>H. S. Mersereau</i>	NOV 12 1980

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
W G A D 0 0 0 8 1 4 3 6 8 1													W DUP 2 DUP															
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																												
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																								
				1. PROCESS CODES (enter)																								
				27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	
1	D 0 0 0	12,000	P	S 0 1	S 0 2																							
2	D 0 0 7																											Included with above
3	D 0 0 8																											Included with above
4	D 0 0 1	850	P	S 0 1																								
5	F 0 0 1	450	P	S 0 1																								
6	F 0 0 3																											Included with above
7	F 0 0 5																											Included with above
8																												
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ENVIRONMENTAL PROTECTION DIVISION  
SOLID WASTE MANAGEMENT SECTION  
ACTION REPORT

1/29/79

FACILITY ID	REGION	COUNTY	HOURS	REVIEWED BY	CODED
	03	Jasper (079)	4	<i>HS</i>	
FACILITY NAME    Dennis DeBerry Property					
ADDRESS    Route 3, Mailing Address, Rte. 6,		CITY    Monticello		ZIP    31064	
				Stockbridge, Ga. 30281	
PERSON(S) CONTACTED    Dennis DeBerry		TITLE    Owner			
		775-4087			
		474-1013			
TRIP BY    Jennifer Kaduck <i>JK</i>			ACCOMPANIED BY    Clyde Fehn		
INVESTIGATION DATE    1/22/79			FOLLOW-UP DATE    1/26/79		
REFERENCE    Inspection and Compliance - Industrial (03)					
PROGRAM ACTIVITY					
ACTIONS		FINDINGS / DECISIONS		NEXT ACTIONS	
Inspection, Complaint (31)		Facility in Violation of Rules and Regulations (70)		Notify Facility to Cease Violation (82)	
		Photographs Taken (60)			
COMMENTS, CONCLUSIONS, AND RECOMMENDATIONS: Mr. DeBerry has been accepting sawdust and panelboard wastes from Georgia Pacific Panelboard and Finishing Plant into a ravine on his property. Ten days ago the wastes caught fire and were still smouldering on inspection. A complaint about the resulting smoke prompted this investigation. See Photographs					
Approximately 100 truckloads of sawdust and boards have been deposited into the the ravine through which a 5"-12" creek flows from Lake Jackson. The water is seeping through the wastes and continuing downgrade where it empties into a larger creek. An oily film and 1" foam were observed on the surface of the water downstream from the disposal area.					
The disposal area is located on the Georgia Power easement and high tension lines hang directly above it. Four private homes and a marine on lakefront property lie directly					

COMMENTS, CONCLUSIONS, AND RECOMMENDATIONS (CONT.):

across the road.

Mr. DeBerry reported the fire had been large and had created large amounts of smoke for several days, but refused to cover it with soil, as we suggested at the inspection. Two smaller dumping areas were also observed on other low-lying areas of his property. See photographs.

CONCLUSIONS AND RECOMMENDATIONS:

- A. Mr. DeBerry is allowing industrial wastes to be openly dumped into a ravine and creek on his property and is also allowing it to burn. A letter must be sent informing Mr. DeBerry that he may no longer accept such wastes, as he is not permitted to operate a landfill. He must also cover the burning wastes with soil.
- B. We are currently coordinating with Georgia Pacific to facilitate proper disposal of this waste. See FIR and Action Report dated 1/22/79.

cc: Harold Gillespie  
Marvin Lowry  
Bill Fleming

ENVIRONMENTAL PROTECTION DIVISION  
SOLID WASTE MANAGEMENT SECTION  
ACTION REPORT

10-29-79

FACILITY ID	REGION	COUNTY	HOURS	REVIEWED BY	CODE
	Middle 3	Jasper 119	4	HB	

FACILITY NAME Georgia Pacific Panel Board Complex

ADDRESS Box 381 CITY Monticello ZIP 31064

PERSON(S) CONTACTED Jerry W. Sparks TITLE Plant Supt.

TRIP BY Robert I. Rose ACCOMPANIED BY none

INVESTIGATION DATE 9-21-79 FOLLOW-UP DATE 9-80

REFERENCE Designated-Assigned facility

PROGRAM ACTIVITY Inspection and Compliance - Industrial (03)

ACTIONS	FINDINGS / DECISIONS	NEXT ACTIONS
Inspection, Initial (34)	Facility not in violation of rules and regulations (71)	Inspection, Routine (38)

COMMENTS, CONCLUSIONS, AND RECOMMENDATIONS:

This facility manufactures over 1 million board feet of panel board ("Mindy Board") a day that is produced is particle board and paper designs. The paper designs illustrated to represent various wood graining is pressure glued onto the board and sold as paneling throughout a southeast market. Only two thicknesses of board are manufactured, 1/4" and 5/32" for 4' x 8' sheets. The board is composed of fast dry resin and pine chips.

CONCLUSIONS: The wastes generated by this facility is primarily spent wood chips, poor grade paper that is shipped in from other facilities and reclaimable scrap metal that resulted from machine change-overs, and shipping-packaging bands.

the wood waste in the amount of 1,175 tons per year is hauled to the Roy R. Kelly, Jr. landfill located 4 miles from the Georgia Pacific Complex. The landfill operation is permitted and all permit guidelines are complied with. The landfill scores have never been below 100.

The metals are stored "uncontainerized" outside the facility and reclaimed every four months by Chatham Steel Company of Savannah, Georgia.

No other waste streams were noted, and this facility is not in violation of existing rules and regulations.

RECOMMENDATIONS: Continuous routine inspections.

**ENVIRONMENTAL PROTECTION DIVISION  
SOLID WASTE MANAGEMENT SECTION  
FACILITY INFORMATION REPORT**

REPORT #: 4111

REPORT DATE: \_\_\_\_\_

10-31-79

FACILITY ID	REGION	COUNTY	SIC CODE	STAFF	HOURS	REVIEWED BY	CODED
	Middle 3	Jasper 119		Robert I. Rose <i>RT</i>	4	<i>HB</i>	

1. FACILITY INFORMATION

FACILITY NAME: Georgia Pacific Panel Board Complex		FACILITY TYPE: Panel Board Manufacturer	
ADDRESS: Box 381		CITY: Monticello	ZIP: 31064
TELEPHONE: 404/468-8811	HOURS: 24 @ 5 day/wk	# OF EMPLOYEES: 98	
PERSON CONTACTED: Jerry W. Sparks	TITLE: Plant Supt.		

2. ACTION INFORMATION

PROGRAM ACTIVITY			Inspection and Compliance - Industrial (03)					
INVESTIGATION DATE:		9-21-79		FOLLOW-UP DATE:		9-80		
ACTIONS			FINDINGS / DECISIONS			NEXT ACTIONS		
Inspection, Initial (34)			Facility Not In Violation of Rules and Regulations (71)			Inspection, Routine (38)		

3. RESIDUAL MANAGEMENT INFORMATION

RESIDUAL	PO	COMMON NAME	PHYSICAL FORM	ANNUAL VOLUME/ WEIGHT	HANDLING CODE	SPECIAL SUBSTANCE	CONC	SPECIAL PROPERTIES	S	C	P	R	D
1	0	wood(63)scrap	solid 4	1175 tons/yr	non-haz 1	0	0	0	x	x			x
2	0	metal(31)scrap	"	15 "	"	0	0	0	x	x		x	

4. RESIDUAL STORAGE INFORMATION

RESIDUAL	PERMIT	LOCATION	DURATION	NUMBER AND TYPE OF CONTAINER(S)	STORAGE CAPACITY
1	not req 2	at facility	daily	15 bins (04)	3 yds each
2	"	"	4 months	uncontainerized(14)	unlimited

## DESTINATION

## 6. PROCESSING INFORMATION

## FACILITY

## PROCESS DESCRIPTION

## 7. RECLAMATION INFORMATION

## MARKETING INFORMATION

## 8. DISPOSAL INFORMATION

## FACILITY

## 9. COMMENTS

This facility generated no hazardous waste, and is presently in compliance with rules and regulations for solid waste management.



**ENVIRONMENTAL PROTECTION DIVISION  
SOLID WASTE MANAGEMENT SECTION  
FACILITY INFORMATION REPORT**

REPORT #: \_\_\_\_\_  
REPORT DATE: 1/29/79

FACILITY ID	REGION	COUNTY	SIC CODE	STAFF	HOURS	REVIEWED BY	CODED
	3	Jasper (079)	2492	J. Kaduck, C. Fehn	4	<i>HB</i>	

**1. FACILITY INFORMATION**

FACILITY NAME: Georgia Pacific Panelboard & Finishing Plant

FACILITY TYPE: Panelboard Fabrication

ADDRESS	P. O. Box 386 (off Highway 83)	CITY	Monticello	ZIP	31064
TELEPHONE	404/468-8811	HOURS	M-F 24 hours	# OF EMPLOYEES	100
PERSON CONTACTED	William Walker ; William Duke	TITLE	Plant Manager; Regional Manager		

**2. ACTION INFORMATION**

PROGRAM ACTIVITY: Inspection and Compliance - Industrial (03)

INVLSTIGATION DATE: 1/22/79		FOLLOW-UP DATE: 7/23/79
ACTIONS	FINDINGS / DECISIONS	NEXT ACTIONS
Inspection, Initial (34)	Facility not in Violation of Rules and Regulations (71)	Inspection, Routine (38)

**3. RESIDUAL MANAGEMENT INFORMATION**

RESIDUAL #	I/O	COMMON NAME	PHYSICAL FORM	ANNUAL VOLUME/ WEIGHT	HANDLING CODE	SPECIAL SUBSTANCE	CONC	SPECIAL PROPERTIES	S	C	P	R	D
1	O	Trash, Mixed Dry(61)	Solid	624 tons/yr.	Non-Haz.(1)	NOT APPLICABLE			X	X			X

**4. RESIDUAL STORAGE INFORMATION**

RESIDUAL #	PERMIT	LOCATION	DURATION	NUMBER AND TYPE OF CONTAINER(S)	STORAGE CAPACITY
1	Not Req.(2)	At Plant	1 Week	1 Roll-off Container (8)	12 Tons

5. COLLECTION INFORMATION		TRANSPORTATION INFORMATION		DESTINATION			
RESIDUAL #	PERMIT	VOLUME COLLECTED / TIME	NAME	COUNTY	AGENCY	EQUIPMENT	
1	076-008C	12 tons/week	Macon SLF	Bibb	Fauconniere Industries, Inc.	Roll-off Container	

6. PROCESSING INFORMATION			FACILITY		PROCESS DESCRIPTION	
RESIDUAL #	PERMIT	VOLUME PROCESSED / TIME	NAME	COUNTY	TYPE	METHOD

7. RECLAMATION INFORMATION				MARKETING INFORMATION	
RESIDUAL #	PERMIT	VOLUME RECLAIMED / TIME	IN-PLANT RECLAMATION DESCRIPTION	MARKET	LOCATION

8. DISPOSAL INFORMATION			FACILITY			
RESIDUAL #	PERMIT	VOLUME DISPOSED / TIME	NAME	COUNTY	SITE TYPE	SITE ACCESS
1	011-007D (SL)	12 tons/wk.	Macon SLF	Bibb	Sanitary Landfill	Public

9. COMMENTS	
Refer to Complaint #98, Georgia Pacific Action Report dated 1/22/79 and DeBerry Property Action Report dated 1/22/79.	



JOE D. TANNER  
Commissioner

# Department of Natural Resources

ENVIRONMENTAL PROTECTION DIVISION  
270 WASHINGTON STREET S.W.  
ATLANTA, GEORGIA 30334

March 3, 1983

J. LEONARD LEDBETTER  
Division Director

Mr. Gerald W. Tice  
Senior Environmental Engineer  
Georgia Pacific Corporation  
133 Peachtree Street, N.E.  
Atlanta, GA 30303

RE: Request for Facility Status  
Changes for Georgia Pacific Corp.,  
Monticello, GAD000814368

Dear Mr. Tice:

This will acknowledge receipt of your request for withdrawal of your application for a Hazardous Waste Facility permit.

Based on the information provided, withdrawal of your application is warranted and your permit application has been placed in our inactive files. As requested, your status has been changed to a small quantity generator and your EPA Identification Number has been retained.

Please be advised that withdrawal of your permit application invalidates any variance that you received to continue existing hazardous waste treatment storage or disposal during the permit review process and that based on our concurrence with your withdrawal request, the Federal Environmental Protection Agency will terminate your facility's interim status.

Should you wish to treat, store, or dispose of hazardous waste in the future, it will be necessary that a hazardous waste handling permit be issued, prior to the construction of such facilities, under authority of Section 8 of the Georgia Hazardous Waste Management Act and paragraphs .10 and .11 of Georgia's Rules for Hazardous Waste Management, Chapter 391-3-11.

If further clarification is needed on this matter, please feel free to contact Mr. Robert Rose at 404/656-7802.

Sincerely,

John D. Taylor, Jr.  
Program Manager  
Industrial & Hazardous Waste  
Management Program

JDT:rrk:2434C  
cc: James H. Scarbrough  
Moses N. McCall, III  
File: Ga. Pacific-Monticello-Panelboard (Y)

DEPARTMENT OF NATURAL RESOURCES  
ENVIRONMENTAL PROTECTION DIVISION

WASTE MANAGEMENT DATA SHEET

GAD000814368 Panelboard Monticello - Jasper

NAME AND LOCATION OF FACILITY

GEORGIA-PACIFIC CORPORATION - MONTICELLO PANELBOARD  
HIGHWAY 83  
MONTICELLO, GEORGIA 31064

PERSON TO CONTACT

(ENTER THE NAME, ADDRESS, TITLE AND BUSINESS TELEPHONE NUMBER OF  
THE PERSON TO CONTACT REGARDING INFORMATION SUBMITTED ON THIS FORM).

TOM B. STEVENS - ENVIRONMENTAL ENGINEER  
P. O. BOX 105603  
ATLANTA, GEORGIA 30348  
404-521-5080

DATES OF WASTE HANDLING

(ENTER THE YEARS THAT YOU ESTIMATE WASTE TREATMENT, STORAGE OR DISPOSAL  
BEGAN AND ENDED AT THE SITE. IF YOU SELECTED A FACILITY OFF-SITE PLEASE  
NOTE AND EXPLAIN IN "COMMENTS" SECTION.

PLANT START-UP DATE 1972

GENERAL TYPE OF WASTE

- |                     |                                  |
|---------------------|----------------------------------|
| 1- ( ) ORGANICS     | 7- ( ) BASES                     |
| 2- ( ) INORGANICS   | 8- ( ) PCB's                     |
| 3- ( ) SOLVENTS     | 9- ( ) MIXED MUNICIPAL WASTE     |
| 4- ( ) PESTICIDES   | 10- ( ) UNKNOWN                  |
| 5- ( ) HEAVY METALS | 11- ( ) OTHER (SPECIFY)          |
| 6- ( ) ACIDS        | 12- NO HAZARDOUS WASTE GENERATED |

WASTE QUANTITY (ESTIMATED)

HAS THERE EVER BEEN A SPILL OR DISCHARGE OF A HAZARDOUS SUBSTANCE FROM YOUR  
FACILITY? (BRIEFLY EXPLAIN THE NATURE OF THE RELEASE).

NO

COMMENTS

(IF THERE IS ANY COMMENTS THAT YOU BELIEVE WOULD CLARIFY THE PAST WASTE HANDLING PRACTICES OF YOUR FACILITY OR OF FACILITIES YOU SELECTED TO HANDLE YOUR WASTE, PLEASE ELABORATE IN THE SPACE PROVIDED).

NO

SIGNATURE AND TITLE	TOM B. STEVENS	404-521-5080
	NAME	TELEPHONE
	133 PEACHTREE ST. N.E. 16th Floor	
	STREET	
	ATLANTA, GEORGIA	30303
	CITY STATE	ZIP CODE
	<i>Tom B. Stevens</i>	3-22-88
	SIGNATURE	DATE